

City of Liberty Hill Planning Department 926 Loop 332 PO Box 1920 Liberty Hill, TX 78642 Fax: 512-778-5418 www.libertyhilltx.gov

Business Name:	
Submittal Date:	
Permit #:	

## **MOBILE FOOD VENDOR APPLICATION**

The following items must be submitted for the application to be considered for review.

For questions regarding this application call City Hall at 512-778-5449

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	ONE DAY PERMIT (\$20)	30-DAY PERMIT (\$100)	6-MONTH PERMIT (\$400)			
	MININ	MUM SUBMITTAL REQUIREMEN	TS/CHECKLIST			
	\$20 - \$400 Application Fee (See above)					
	Completed Application. This application form provided by the City of Liberty Hill must be used and may not be adjusted or altered. Please attach pages if additional information is provided.					
	Proof of current Business Liability coverage					
	3 Sales Tax Permit					
	Written permission from private property owners/representatives (not required for public property)					
	Addresses and Graphical description of sales locations					
	Food Handler's permit for Williamson County and Cities Health District (WCCHD) for each employee working					
	Mobile Food Vendor Permit or Temporary Permit issued by Williamson County – <i>Must be issued prior to approval of this application.</i>					
BUSINE	SS OWNER INFORMATION					
Name:		Driver's License #:				
Business Name:		Sales Tax #:	Sales Tax #:			
Business Tax Identification #:		Street Address:	Street Address:			
City:		Zip Code:				
State:		E-mail:				
Phone #:		Fax #:				
VENDO	R CONTACT INFORMATION (Prima	ry Contact for food vendor unit while	in route)			
Name:		Street Address:				
City:		Zip Code:				
State: _		E-mail:				
Phone i	#:	Fax #:				

MOBILE UN	NIT INFORMATION		
Make:		Model:	
Year:		Vehicle Identification #	:
License Plat	te #:	Color of Unit:	
Description	n of Edible Goods being solo	d:	
Description	n of Signage (banners requi	ire a separate permit):	
Following v	erification of this application	r Mobile Food Vendors can be found at <u>www.li</u> on and attachments, a Mobile Food Vendor Per fied when the permit is ready for pick up at 920	mit will be issued by the City of Liberty Hill
WILLIAM	ISON COUNTY AND CITIE	PONSIBILITY OF EACH VENDOR TO CONTA ES HEALTH DISTRICT (WCCHD) REGARDING Y OR ALL EVENT(S) IN WHICH YOU ARE PA	ANY ADDITIONAL PAPERWORK OR FEES
		FOR CITY USE ONLY	
	DATE RECEIVED:	FEE PAID: \$	CASH/CHECK #:
	APPROVED:	DATE:	